

# Workplace Health Improvement Project: PILOT EVALUATION REPORT



# Workplace Health Improvement Project: Pilot Evaluation Report

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## Executive Summary

### Introduction

The Workplace Health Improvement Project (WHIP) was built upon the model for safety certification used in Alberta to promote employers' adoption of evidence-based practices to prevent and control chronic diseases among their employees. The purpose of this project is two-fold: (1) to provide criteria and standards which can be used to assess organizations' health-related policies and programs, and (2) to provide a set of actions and evidence-based programs that organizations can use to enhance their employee wellness programs. This approach was designed to identify and recommend best practices in workplace policies and practices for employers, and then provide support towards increasing the adoption of these practices.

Using the Certificate of Recognition (COR) audit process as a model, the project team developed the following six steps:

- 1. Introductory Workshop:** AHS-facilitated workshop designed to provide background information on workplace health and the pilot project to interested companies.
- 2. Company Profile & Assessment:** Collection of baseline data on the company's workplace health system to identify strengths and gaps.
- 3. Recommendations:** Development of recommendations, based on gaps identified in the assessment, to improve the company's workplace health.
- 4. Program Planning:** Development of an action plan to implement the recommendations.
- 5. Evaluation Planning:** Development of an evaluation plan to monitor progress towards achievement of goals set forth in the action plan.
- 6. Reassessment:** Collection of follow-up data on the company's workplace health system to determine if the process led to improvements in the company's workplace health.

Working with key Alberta industry stakeholders, Alberta Health Services conducted a one-year pilot project (May 2011 to June 2012) to test the WHIP process at the following six companies: Alberta Oil Tool, PepsiCo, Standen's Limited, Triple M Housing Ltd, Southern Alberta Institute of Technology (SAIT) and the University of Lethbridge. Pilot companies were recruited with the support of the Alberta Association for Safety Partnerships (AASP) and the Manufacturers' Health & Safety Association (MHSA); two of the 13 Certifying Partners (CPs) in Alberta.<sup>1</sup>

## Evaluation Overview

### The evaluation objectives are:

1. To assess the process of engaging external stakeholders (pilot organizations, Certifying Partners, service providers) in the pilot project.
2. To assess the effectiveness of the Workplace Health Improvement Project in providing support to pilot organizations to build capacity for planning and implementing workplace health promotion strategies.
3. To determine whether the pilot project resulted in the development of relevant and feasible action plans for each pilot site.

### Scope of this report

This evaluation was conducted to address the objectives listed above. The implementation of the action plan is out of the scope of the project team's work; therefore, this evaluation report does not include an assessment of the actual workplace health programs within each company. In addition, while the ultimate goal of the WHIP is to contribute to the reduction of chronic diseases in Alberta workplaces, several years are required to observe changes in the incidence and prevalence of chronic diseases in a population. Therefore, obtaining measurable changes in a company's workplace health profile will require a longer follow-up period than the one-year pilot. Consequently, this evaluation will not report on changes in pilot organizations' workplace health status.

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<sup>1</sup> A CP is responsible for assessing the quality of health and safety management systems in Alberta, and issuing Certificates of Recognition to employers (Alberta Human Services, 2012). Given that the WHIP was modeled after the COR audit process, the WHIP team engaged the CPs to assist in the recruitment of pilot companies.

## Methodology

Four separate interview scripts were developed to gather feedback from four key stakeholder groups:

1. The pilot companies
2. A company that withdrew from the pilot
3. The industry partners (i.e., Certifying Partners [CPs] and Alberta Human Services)
4. The AHS project team

Interview scripts were tailored to each respondent group and covered a wide range of questions to assess respondents' satisfaction with the project, and to identify changes, if any, required to improve the WHIP process and resources.

Scripts one to three targeted individual(s) within each organization with whom the project team liaised the closest during the pilot. Overall, 10 individuals were identified at the pilot companies, one individual from the company that withdrew, and a total of three partners (two CPs and one individual from Alberta Human Services). All 14 individuals were approached to be interviewed for this evaluation. All, but one, were available to be interviewed; therefore a total of 13 individuals from the external companies and five project team members were interviewed.<sup>2</sup>

All interviews were conducted by a member of the evaluation team during the months of June and July 2012. Data collection occurred through telephone and in-person interviews.

In addition to the interviews, project files were reviewed, and background information on the project and profile information on pilot companies were extracted.

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<sup>2</sup> An individual from one of the pilot companies was not available to be interviewed. However, there were two key contacts within that organization. The other individual was interviewed; therefore, data is available for that company.

## Key Findings

### Assessment of the relationship with the Certifying Partners

Evaluation of the partnership between the project team and the CPs (Alberta Association of Safety Partnerships and Manufacturer's Health and Safety Association) shows that both parties are satisfied with the partnership and believe the collaboration is important in achieving the goals of the WHIP. The findings show that the CPs perceive the WHIP as filling a crucial gap in the health component of occupational health and safety, and recommend that the work be sustained.

The partners also noted that there is a great interest in the project from the CPs' membership, and recommend that the project team have sufficient manpower to manage the volume of interested companies.

### Assessment of the WHIP pilot process in building capacity of the pilot companies to improve their workplace health

The majority of the pilot companies reported that they were able to implement the process and use the tools. However, some respondents indicated that the assessment, the program planning, and the evaluation planning steps were challenging; specifically, they reported difficulties in using the tools associated with these steps.

Despite the reported challenges, the majority of the pilot sites (seven out of nine) perceived the WHIP as being important in developing their company's workplace health program. The remaining two respondents indicated the project was somewhat important or not important at all in developing their company's workplace health program because they already had a program in place prior to involvement in the pilot project. However, one of the two individuals reported that the WHIP helped move things forward in their program.

All representatives from the pilot companies consistently reported that the project team was supportive throughout the pilot, and the level of support provided was satisfactory. The majority of the respondents also reported that they felt confident in carrying out all the process steps without the project team's support. However, respondents also indicated that they would need other resources to do so. Additional resources identified by respondents include management buy-in to the wellness program, availability of online resources (i.e., how to guides), time, funds, manpower, and annual check-in/access to the project team (for future follow-up and check-in).

Overall, the pilot companies reported that they were satisfied with the process and its delivery.

## Limitations of the Results

Generalizations cannot be made from the findings of this evaluation for the following reasons:

- Despite the high response rate for this evaluation, only a small number of companies participated in the pilot. Therefore, conclusions cannot be drawn about how the process will work in other companies and industries across the province, and are only limited to the companies that participated in this pilot.
- Furthermore, given the selection criteria for the project, it can be assumed that pilot companies were at a high state of readiness for development of a workplace health program. As such, it is difficult to state conclusively how successful the process will be at companies that are at a different state of readiness.
- Lastly, given the scope of this evaluation, as detailed earlier, conclusions that can be drawn from the findings are intended to speak to participants' perception of the WHIP process and tools, not the effectiveness of the project.

## Recommendations

Based on the findings, the following are recommended to the WHIP team:

### Stakeholder engagement and relationships

1. Sustain partnerships with the CPs and other major stakeholders.
2. Obtain buy-in and commitment from senior leadership. This is integral for workplace health improvement to be embedded in the culture of the organization and to ensure continuity of the work.
3. Consider identifying and working closely with more than one key contact when introducing the WHIP at future participating companies. This is important to minimize any negative impact on the work in the event of internal staff changes.

### The WHIP process and resources

4. Consider revising the assessment guide and program and evaluation planning template to improve their clarity and ease of use. It is important to keep in mind that users of the tool may be from diverse backgrounds and have varying levels of experiences in (and understanding of) workplace health programs. It is therefore important to ensure that the project tools are suitable for a wide range of users.
5. Increase the capacity of the project team to meet the needs of interested companies. Consider the human resources required to implement the project province-wide.
6. Explore different delivery mechanisms to enhance the sustainability of the project. For example, consider developing a resource toolkit (such as a step-by-step guide on how to develop various components of a workplace wellness program, or online tools) to supplement the support provided by the project team. This may further increase capacity at participating companies and reduce the demand on the project team.

## Future evaluations of the WHIP

7. Future evaluations should assess improvements in pilot companies' (and other future companies') capacity to implement the WHIP process and health promotion activities with limited support from the project team.
8. It is recommended that outcome evaluations be conducted to determine if the project contributed to chronic disease reduction and prevention at participating companies. The outcome evaluations should assess the short, medium, and long-term outcomes outlined in the project logic model.
9. Continued regular process evaluation of the WHIP is recommended to identify facilitators or barriers to successful implementation of the project.

## Conclusion

This evaluation was conducted to examine the implementation of the pilot project, and to assess the effectiveness of the WHIP process in building the capacity of pilot companies to develop a workplace health promotion program. Findings from this evaluation shows that, while the project appeared to increase pilot companies' capacity to implement the process, the companies' ability to independently execute the process would be enhanced by additional resources that were identified by the pilot companies (listed in the findings section of this report). This finding suggests that, to some extent, the project met the objective for the majority of pilot participants. As recommended, future evaluations will help identify any further increase in pilot companies' capacities to implement the process independently.

## Introduction

### Project overview

The Workplace Health Improvement Project (WHIP) was developed to support the improvement of the health of Alberta's workforce by enhancing employer efforts in the planning, implementation and evaluation of effective workplace health programs and activities. The purpose of the WHIP is two-fold: (1) to provide criteria and standards which can be used to assess organizations' health-related policies and programs and (2) to provide a set of evidence-based recommendations which organizations can use to enhance their employee wellness programs. A logic model for the WHIP can be found in Appendix A.

The WHIP was built upon the model for safety certification, Certificate of Recognition (COR) which is used in Alberta, to promote employers' adoption of evidence-based practices for the prevention and control of chronic diseases among their employees. A COR is awarded to employers who develop health and safety programs that have been audited by a certified auditor from a Certifying Partner (CP), and found to meet established standards. The process involves a comprehensive review of the employer's health and safety management system, using an approved audit instrument. It includes interviews, documentation review and observation techniques (Alberta Human Services, 2012). Currently, this audit only includes safety elements.

Using the COR audit process as a model, the project team developed a six-step process and accompanying tools for assessing health elements. The six steps are as follows (see Appendix B for the WHIP process diagram):

- 1. Introductory Workshop:** AHS hosts a workshop for organizations who are interested in participating in the WHIP. The workshop is comprised of presentations on the importance of workplace health, key components of a workplace health system, and a description of the WHIP process.
- 2. Company Profile & Assessment:** The project team meets with the key contact(s) at the participating companies to introduce the WHIP and the project tools, including the assessment guide (see Appendix C for a portion of the guide). The assessment guide is designed to gather baseline data on the company's workplace health system. This information is analyzed to identify any gaps, assess the company's needs, and generate data to support the

development of recommendations for an action plan. It is worth noting that this process is a high-level assessment of the organization's overall health profile (i.e., a general "snapshot" of the company's employee health profile, and not an assessment of individual employee's health risk).

3. **Recommendations:** The project team schedules a follow-up meeting with the company representative(s) to present them with the company's assessment results and share recommendations for improvement (see Appendix D for the recommendations report template).
4. **Program Planning:** The project team guides each company through a process of customized action planning, based on information from the assessment and the recommendations report. The team provides a template (see Appendix E) and other resources (including an inventory of service providers in the province) to help the companies develop a workplace health improvement action plan.
5. **Evaluation Planning:** The company develops an evaluation plan to monitor progress towards goals set in the action plan. The development of the evaluation plan should typically occur simultaneously with the development of the action plan.
6. **Re-assessment:** The project team guides participating companies through a follow-up assessment (similar to step 2) to determine if the WHIP process has supported the enhancement of workplace health activities in the company. The re-assessment guide can be found in Appendix F.

All of the steps (with the exception of the recommendations step) are designed to be completed by the pilot companies, with consultative support from the project team.

The tools developed to support the process include:

1. An assessment guide
2. A recommendations template
3. A planning and evaluation template
4. A re-assessment guide

## The Workplace Health Improvement Project Pilot

In May 2011, a one-year WHIP pilot was launched to test the WHIP process and resources. The pilot was launched at the following six companies in Alberta: Alberta Oil Tool, PepsiCo, Standen's Limited, Triple M Housing Ltd, Southern Alberta Institute of Technology (SAIT) and the University of Lethbridge. Pilot companies were recruited with support from the Alberta Association for Safety Partnerships (AASP) and the Manufacturers' Health & Safety Association (MHSA), two of the 13 Certifying Partners in Alberta. Pilot companies were located in Calgary, Edmonton and Lethbridge, and were from a cross-section of industries including oil, steel manufacturing, modular housing, food production, and post secondary education (see Appendix G for profiles of the pilot companies). The WHIP pilot concluded on June 30, 2012.

## Evaluation Overview

This evaluation was conducted to examine the implementation of the WHIP pilot and to assess the effectiveness of the WHIP process in building the capacity of pilot companies to develop a workplace health promotion program.

At the start of the pilot, an evaluation framework was developed using a stakeholder consultation process (i.e., consulting with the project team). The evaluation objectives were limited to those that could be accomplished within the timeframe of the pilot period.

The specific evaluation objectives are:

1. To assess the process of engaging external stakeholders (pilot organizations, Certifying Partners, service providers) in the pilot project.
2. To assess the effectiveness of the pilot project in providing support to pilot organizations to build capacity for planning and implementing workplace health promotion strategies.
3. To determine whether the pilot project resulted in the development of relevant and feasible action plans for each pilot site.

## Scope of this report

This evaluation was conducted to address the objectives listed above. As the role of the project team during this pilot was to facilitate an audit process (including the provision of resources and support to pilot companies for developing their workplace health action plan), implementation of the action plan is out of the scope of the project team's work. For this reason, this evaluation report does not include an assessment of the actual workplace health programs within each company.

In addition, this evaluation did not measure changes in the workplace health profile of pilot companies. Although the ultimate goal of the WHIP is to contribute to the reduction of chronic diseases in Alberta workplaces, several years are required to observe changes in the incidence and prevalence of chronic diseases in a population. Therefore, obtaining measurable changes in a company's workplace health profile will require a longer follow-up period than the one-year pilot. As such, it was not feasible to report on such changes for this pilot.

## Methodology

This evaluation adopted a qualitative approach to answer the questions posed in the evaluation framework. A qualitative approach was taken to allow for gathering of in-depth data from all stakeholders involved in the pilot (pilot companies, CPs, Alberta Human Services, and project team).

### Development of data collection tools

Four separate interview scripts were developed to gather feedback from the following four groups of WHIP stakeholders:

1. Pilot companies
2. The company that withdrew from the pilot
3. The industry partners (i.e., Certifying Partners and Alberta Human Services)
4. The AHS project team

The interview scripts were tailored to each respondent group. The scripts covered a wide range of questions to assess participants' satisfaction with the pilot, and to identify changes, if any, that should be made to improve the WHIP process and resources. The questions generally covered the following four key aspects of the WHIP pilot delivery as outlined in the evaluation objectives: 1) partnerships, 2) implementation, 3) effectiveness of the process, and 4) relevancy.

### Selection of respondents

The questions were designed to be answered by the individual (or individuals) who worked the closest with the WHIP team during the pilot period. The project team identified the individual(s), within each pilot site and partner organizations (CPs and Alberta Human Resources), with whom they liaised closely. All the key contacts were approached to be interviewed for this evaluation.

Overall, a total of 19 individuals were identified for the interviews -10 individuals from the pilot companies, one individual representing the company that withdrew from the pilot, three partners (two CPs and one individual from Alberta Human Services) and five project team members (includes one manager, three current members facilitating the WHIP pilot, and one former member). All 19 individuals were approached to be interviewed for this evaluation. With the exception of one individual from a pilot company, all were available to be interviewed; therefore a total of 18 interviews were conducted.<sup>3</sup>

### Data collection

For the six pilot companies, the interviews were scheduled to occur within two to four weeks of completion of the last step (re-assessment). All of the interviews were conducted by a member of the evaluation team during the months of June and July, 2012. Data collection occurred through telephone and in-person interviews: telephone interviews were conducted for key contacts from the pilot companies, the company that withdrew from the pilot, and the CPs, while each member of the project team was interviewed in-person. The interviews were approximately 45 – 75 minutes duration.

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<sup>3</sup> An individual from one of the pilot companies was not available to be interviewed. However, there were two key contacts within that organization. The other individual was interviewed; therefore, data was collected for that company.

To add context to the data from the interviews, the WHIP project files were also reviewed to obtain supplementary background information on the project and profiles of pilot companies.

### Data analysis

All of the interviews were recorded, transcribed and entered into Microsoft Excel. The responses were coded and the coded data examined closely to identify themes (and relationships among themes) relevant to the evaluation objectives.

## Key Findings

### Organization of the findings

The interview results are organized under two main headings:

1. Examining stakeholder engagement and relationships (evaluation objective one).
  - Explores the process of engaging the CPs and the pilot sites, and examines the WHIP team's relationship with these stakeholders during the pilot period.
  - Includes an overview of how the pilot sites and CPs became involved in the WHIP pilot, their perception of the partnership with the project team (and vice versa), and potential success factors for these and future WHIP partnerships.
2. Assessing the WHIP processes and resources (evaluation objectives two and three)
  - Examines the effectiveness of the WHIP process and resources in helping pilot companies develop capacity for planning and implementing their organization's workplace health promotion plan (objective two).
  - Examines whether the WHIP tools resulted in the development of relevant strategies and activities for each pilot site. Specifically, it examines the key contacts' perception of the usefulness of the project process and resources in identifying gaps in their company's workplace health promotion system, and in developing relevant strategies to address such gaps (objectives three).

## Description of participants

A total of 19 individuals were invited to be interviewed for this evaluation, and 18 individuals were interviewed; a response rate of 94.7%. A breakdown of interviewees is shown in Table 1 below:

Table 1: Total number of interview respondents

Category	Total number of interviewees
Partners	3
Pilot companies	9 <sup>4</sup>
Company that withdrew from the pilot	1
WHIP team	5
TOTAL	18

## Examining Stakeholder Engagement and Relationship

### Certifying Partners

In general, the CPs and the project team’s responses indicate a high level of satisfaction with the partnership. For both groups, it appears that this satisfaction stems not only from their mutual desire and motivation to help improve the health profile of Albertan workplaces, but also the perception that working collaboratively will enhance the achievement of the WHIP goals. The two quotations below, from a CP and a member of the project team respectively, illustrate the latter sentiment:

*“I don’t think either one could do it alone ... It wouldn’t be successful if it wasn’t blended, it needs to be part of what we do.”*

*“... I don’t think we would have been able to achieve the outcomes without them.”*

<sup>4</sup> As mentioned previously, key contacts at the pilot sites ranged from one to three individuals, and all these individuals were approached to be interviewed for this evaluation. All, but one, were interviewed. Therefore the total number of people interviewed at the pilot sites (9), exceeds the total number of companies who completed the pilot (6).

When asked what they felt contributed to the partnership operating successfully, the CPs enthusiastically credited it to the drive and hard work of the project team. The CPs also spoke positively about the communication from the project team and noted that they (the CPs) had a good understanding of their and the project team’s role and responsibilities in the pilot. The division of responsibilities and their limited involvement in pilot activities appeared to work well for the CPs. According to one CP,

*“They made it clear all the things that they would accomplish, this was one of the reasons I was willing to step into this program, we don’t have a lot of manpower...”*

In addition, the CPs perceive the WHIP to be an important initiative that fills an existing gap in Occupational Health and Safety (OHS) and are in support of continuing with the work, as reflected in the comments below:

*“... there has been a health element that has been missing from the phrase ‘health and safety program.’ The health side is something that this organization (AHS) is passionate about. So knowing the benefits and deliverables that could be achieved through the program was positive.”*

*“This program was timely, innovative, and had a great vision. It needs to continue in the province, there is a massive benefit to it. The employers are going to benefit from it and the workers as well as their families...”*

Feedback from the CPs indicates that they want to remain involved in the WHIP beyond the pilot period. The CPs also identified what they would like to see in a continued partnership. These were:

- Availability of resources<sup>5</sup> for companies who need consultation to move forward or address any issues that emerge
- Availability of workplace health content for inclusion into the training module of one of the CPs
- Update on progress at participating companies

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<sup>5</sup> The interviewee did not specify what resources s/he was referring to.

Furthermore, the CPs were asked what should be done to foster successful collaboration in the partnership, one CP indicated that rapport and relationship building are important when building new partnerships. Another CP commented:

*“We need to continue and make sure we have the resources and the ability to move it out to the masses. This will be the biggest challenge I think.”*

Furthermore, a CP reiterated their organization’s interest in expanding their current training module to include information on the WHIP. These responses highlight the CPs’ interest in remaining involved in the work of the project.

The project team reported a number of unexpected outcomes from the partnership with the CPs. One such outcome, mentioned previously, is the initiation of discussions to develop workplace health content for inclusion in one CP’s OHS training module. Currently, the module focuses only on safety, not on health. Furthermore, a joint presentation (between a CP and the project team) will feature the pilot project at the 2012 Alberta Health and Safety Conference and Trade Fair.

Overall, the CPs had positive feedback on the project, its importance, and its potential to help organizations’ improve their workplace health. The results show that the CPs believe the workplace health project work should be sustained. Both the CPs and the project team also had positive feedback on their partnership and believe it is important for advancing workplace health improvement in Alberta.

Additionally, the extent of the interest shown by the CPs in the WHIP, and their willingness to continue collaborating with the project team, indicate that the approach adopted by the project team in engaging stakeholders and the balance of roles and responsibilities worked very well during this pilot. This suggests that a suitable balance of roles and responsibilities, as well as clear communication on roles, is important when engaging future partners.

## Pilot companies

### Recruitment of pilot companies

Pilot sites were selected based on the following five criteria:

1. Must be a member of one of the 13 CPs.
2. Must be based in Alberta (could have subsidiaries out of province, but the actual pilot site had to be in Alberta).
3. Must submit an expression of interest to participate in the pilot to the project team.
4. Leaders and managers within the company must be in support of implementing the WHIP within the company.
5. Must show motivation to participate.

While all five criteria are considered very important, based on findings from this pilot, criteria four and five were crucial to the success and continuity of the project at the participating companies. The project team concurred that motivation of the company and support from senior leadership are two vital factors to the success and continuity of health programs and activities within any organization. The importance of these two criteria are reflected in the case of the company that withdrew from the pilot.

The key contact at the company that withdrew was the sole champion for the WHIP within that organization. Consequently, the departure of the individual from the company, and a delay in hiring a replacement, resulted in the company withdrawing from the pilot. When this contact was asked what could have prevented the company from withdrawing from the pilot, they responded, “quicker transition time.” The key contact further noted that it would have been beneficial if there was a period of overlap between the arrival of the new hire and the key contact’s departure from the organization. This would have provided an opportunity to transition the WHIP information to the new person. However, the interviewee also commented that the new hire would have had to decide whether they wanted to remain involved in the project or not. This comment reflects the risk to project continuity that could result from having only one individual involved in the project. The project team recommends that participating companies should ensure that there is strong leadership support for improving the health of their workforce. In addition, the

team identified that it is important to have more than one individual responsible for coordinating the company’s health improvement activities. This ensures that health promotion activities will be integrated and will continue despite staff changes or workload challenges. As a project team member noted, delegating one person alone is not an ideal approach; the workplace health program and activities should be the company’s responsibility, rather than an individual’s mandate.

Overall, the project team reported being satisfied with the selection criteria, and believes the criteria produced an appropriate mix of companies, both geographically and industry-wise. As well, they thought it was a good mix of companies to test the workplace health improvement process because the pilot companies represented small, medium and large employers across Alberta, reflecting a wide variety of demographics.

## Assessing the WHIP Processes and Resources

### Feedback from pilot companies’ representatives on their role in the pilot

At each of the pilot companies, the WHIP team liaised with Health and Safety or Human Resources professionals. These key contacts took the lead role in coordinating WHIP pilot activities within their respective company. When asked if they felt their role in the project aligned with their role within their company, all reported that it did. Furthermore, all respondents also stated that their participation in the project benefited their role within their organization. A sample of the comments from respondents is included below:

*“Yes, gave me a better perspective on types of things we can look for, types of things we can do within our company in regards to employees and also helps with respect to recruitment, to say we are a healthy workplace and healthy employer.”*

*“Definitely ... the information and contacts we got from the project ... and chronic diseases has helped me understand some workers’ problems, communicate with them better, notice signs and symptoms better now.”*

## Feedback on communication from the project team

Similar to the responses from the CPs, all the interviewees from the pilot sites also reported that the project team clearly communicated the role and responsibilities of the project team and the pilot sites. However, for a few of the key contacts, this information was not clear at the start of the pilot. When asked if at the start of the pilot, they felt they had a good understanding of what the pilot would involve (i.e., the amount of work that would be involved, the time commitment, resources required, etc) responses were somewhat varied. Six respondents reported that they had a clear understanding, while three respondents indicated that they did not. Of the three respondents:

- One reported a lack of clarity on what resources their organization was expected to commit.
- Another reported a lack of understanding of the project scope.
- The third respondent reported that their understanding of what the pilot would involve improved with subsequent meetings. Further, this respondent's enthusiasm for the WHIP also appeared to increase as the pilot progressed.

*“I found the pilot activities very engaging, and you come away feeling more energetic than you did when you walked in the room.”*

## Feedback on the WHIP process

Overall, the feedback on the WHIP steps was positive. An overview of how each project step was delivered, as well as feedback on each project step, is described below:

### 1. Introductory Workshop

A total of four introductory workshops were held for pilot companies between May and June 2011. A preliminary evaluation was conducted in August 2011 to examine if the workshop objectives were achieved. Findings from that evaluation are presented in a separate report (see Appendix H for the workshop objectives and a summary of findings from the evaluation).

As part of this evaluation, it was deemed important to assess whether, the workshops provided pilot companies with sufficient background information on the pilot. Of the nine individuals interviewed from the pilot companies, seven reported that they attended an introductory workshop. Of those seven respondents, six reported that the introductory workshop adequately prepared

them for the pilot. The respondents reported that the workshop helped them develop an understanding of how the project would be delivered, the timelines, project scope, etc. The seventh respondent felt the introductory workshop did not provide a good understanding of what they (the pilot company) were expected to commit. However, this respondent noted that by the second meeting, they were starting to get a better understanding of the roles.<sup>6</sup>

Some suggestions provided by respondents for improving the introductory workshop were to:

- Provide specific examples of the types of workplace health activities the companies could engage in.
- Provide a document which clearly outlines what organizations will have to commit to.
- Ensure information caters to a wide range of audiences with diverse levels of experience.

Overall, the majority of the respondents perceived the workshops as providing good background information on the pilot project.

## 2. Company Profile and Assessment

This evaluation included a series of questions to assess the pilot companies' experience in completing the company profile and assessment guide. Questions were asked to elicit information on elements that worked well, challenges (if any) experienced, and the ease with which the company contacts obtained the information required for completing the guide. Below is a summary of responses from respondents:

- Six respondents said they completed, or were involved in the completion of this guide for their company. Four of those six respondents said they completed it with colleagues (the respondents also reported that they completed the majority of the tool), and the remaining two individuals said they completed it on their own.

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<sup>6</sup> Note that this individual is different from the individual who gave a similar response earlier (about the clarity of the information provided at the start of the project).

- Six respondents said they had no difficulty obtaining the information to complete their company's profile. However, one individual reported that they had difficulty obtaining some information.

The interviewees were asked if they had any difficulty completing the assessment (i.e., how easily they determined the ranking for their company under each category). Three out of seven individuals indicated that they had difficulty completing the assessment; one noted that there were some questions they could not answer, and the other two respondents found the tool to be subjective. Perceived subjectivity of the tool emerged as the most commonly reported challenge by those who reported difficulty with the tool. It is also worth noting that this perceived subjectivity was not limited to pilot companies who reported experiencing some difficulty with the tool. Of the four individuals who reported no difficulty in using the tool, one respondent indicated that as a group, they were not always in agreement amongst themselves on how to complete the assessment but they used a group consensus approach to reach an agreement on how to complete elements of the guide.

Other challenges identified by respondents centered mostly on the assessment guide:

- One respondent was not familiar with some of the terms in the document.
- Some companies felt some of the questions were not applicable to them and were not sure how to answer those questions.
- One respondent indicated that they did not find the assessment step very clear.

Overall there were mixed reviews on this step, specifically with regard to completing the guide. Close to half of the respondents appeared to have experienced some challenges in using the tool.

### 3. AHS Recommendations Report to Company

Representatives of the pilot companies were asked about their experience with this step, including if they felt the recommendations accurately reflected the information they provided in the assessment guide. Respondents' feedback on this step was generally positive:

- Seven respondents reported that the recommendations were consistent with needs they identified in their company Profile and Assessment tool.<sup>7</sup>
- Seven respondents reported that they had no questions or concerns about the recommendations, while two respondents said they did. Of those two respondents, one reported that some of the recommendations were not a priority for their company, and the second reported that they did not understand how the recommendations were generated from the profile and assessment tool or how the scores from the assessment are interpreted. The respondent felt the next step should have been an analysis of the information presented in the assessment guide, and not recommendations.
- When asked to rank how useful they found this step (i.e., very useful, useful, somewhat useful, not at all useful) in developing their company's workplace health program, five respondents indicated that they found it very useful, one respondent found it somewhat useful and two said it was not useful at all (one of the two reported that they found the recommendations confusing because it did not indicate what the priority should be for them).

Overall, the majority of respondents reported no difficulty with this step, and over half indicated that they found it useful.

### 4. Program Planning and Evaluation Planning

The program planning and evaluation planning steps occurred concurrently during the pilot. For these steps, the WHIP team held a series of meetings (at least three) with each pilot company to provide support in developing the company's action plan and an evaluation plan. The pilot companies were asked

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<sup>7</sup> The other two respondents were not involved in completion of the Profile and Assessment for their company; therefore, they had no feedback on the question.

to provide feedback on their experience with this step and in using the template provided. The responses are summarized below:

- Of the nine respondents, eight were directly involved in this step (one respondent had no direct involvement, therefore could not provide feedback). Of the eight respondents, seven reported that they found the strategic and evaluation planning meetings informative for developing their action plan. All seven respondents indicated that the meetings increased their confidence to develop their company’s action plan. However, one respondent reported that they did not find the meetings informative and did not think it increased their confidence to develop the action plan (the respondent felt the template was frustrating and its purpose was not clear).
- Seven respondents indicated that the meetings and resources were sufficient in developing their company’s action plan.
- One company reported that they used their own tool, which they were already comfortable using.
- When asked if they experienced any challenges in developing the action plan, the most commonly cited challenge was lack of time.
- One respondent found the title of the document confusing.
- All eight respondents overwhelmingly reported that they found the team supportive during this step.

The project team’s feedback on this step corroborates the responses above. A recurring theme from the project team was that the strategic and evaluation planning template was challenging for some pilot companies to use. According to the project team, this difficulty may have resulted from a lack of familiarity with evaluation. One project team member therefore suggested providing more training in this area, and modifying document names to minimize confusion for participating companies.

Interestingly, when the pilot company representatives were asked if their company would have benefited from having a trained evaluator conduct a workshop (to explain the importance of evaluation and how to conduct one), only one respondent said yes. The other respondents were either unsure (four), said no (one), or already felt comfortable with evaluation (two). The individual who

responded no felt evaluation is too academic. One of the respondents who was unsure noted that they had never worked with an evaluator. These responses suggest that the majority of the pilot companies may not perceive evaluation as being an important part of this work.

## 5. Implementation of the Action Plan

With the exception of one company, all the companies reported that they are implementing their action plan. The following are some of the activities that were reported by pilot companies:

- One pilot company has gone tobacco free, and is communicating more one-on-one wellness information to the employees.
- One company implemented its first health and wellness survey with employees, and plans to utilize survey information to develop health promotion activities.
- One company is exploring a number of initiatives, including a tobacco reduction initiative, onsite physiotherapy for return-to-work cases, and conducting an employee needs assessment for the wellness program.
- Another company reported that they held a health fair. According to the interviewee, the company also conducted a survey and identified seven priorities from the survey results; they are planning to implement five of those seven priorities.
- One company conducted screening education, health interest surveys with employees and included health and wellness into their monthly safety meetings.
- Healthier food choices are being made at one company (i.e., no longer ordering unhealthy food for meetings).
- One company reported increased awareness of employee wellness within and outside the company.

## 6. Reassessment

The interviewees were asked questions to elicit feedback on their experience in using the re-assessment tool, particularly how it compared to their experience in using the assessment tool.

- All of the respondents who reported that they were involved in the completion of the assessment guide also reported that they were involved in the completion of the re-assessment guide.
- With the exception of one company where the individual completed the assessment with colleagues and completed the re-assessment alone, the same mix of people reported completing both documents in all the companies.
- All six respondents reported feeling more confident about completing the re-assessment tool than they did completing the initial assessment tool. The increase in confidence was attributed to factors such as:
  - Gaining more knowledge throughout the duration of the project.
  - Completing the assessment helped in recalling information to complete the re-assessment.
  - Having a better understanding of the questions and the (WHIP) program.
- Six respondents said they did not need the project team's support in completing the re-assessment.

The responses suggest that respondents were generally more comfortable completing the re-assessment than they were completing the assessment, and seemed to rely less on the project team's support than they did with the assessment.

Interviewees were asked their opinion on a possible change to the guides, which could improve the consistency and accuracy of the information provided. They were asked if including examples with the rankings would make it easier for them to complete the documents. Overall feedback from respondents was mixed; some indicated that examples may be helpful for just the assessment, some stated that adding examples would not be helpful, while others were not certain. Some comments included:

*“Examples would have been helpful in the initial assessment.  
I wouldn’t need them so much in the re-assessment.”*

*“... it may be more confusing, since the examples may not apply to everyone.”*

*“Examples would have driven us nuts, only because they would be so different  
everywhere and everyone has such a different interpretation of what they mean ...  
If the questions and examples are very specific, that would be different.  
There would be too much room for subjectivity.”*

### Feedback on support provided by the WHIP team and suggested changes

With regard to the support provided by the project team, pilot companies were asked if they felt the WHIP team was supportive during the pilot project. All respondents consistently reported that they were. Sample comments from respondents are included below:

*“Had no issues or concerns, or maybe a few about our own program, they were open to talk about anything and offered suggestions.”*

*“Very helpful, very supportive, very bubbly, always had ideas, gave 110%.”*

*“They maintained constant communication, any questions I had,  
I had no problems getting answers to.”*

Pilot companies were asked if the project team could have done anything to increase support and almost all the respondents stated the team provided an optimal level of support. One respondent said they could have used more support with the last part of the process. In addition, responses from respondents indicate that they would like to have someone to contact as they continue to implement their action plan. Some of the reasons given for this include providing assistance in talking to senior administration and dealing with unexpected situations or unfamiliar content in workplace health improvement planning.

As described earlier, the strategy employed during the pilot was to provide participating companies with tools to help navigate the WHIP process as they worked towards successfully developing their own workplace health program. The interviewees were asked if, given their experience in the pilot, they felt they could carry out all the process

steps without the WHIP team's support. Over half of the respondents reported that they can implement the WHIP processes without the team's support (seven respondents said they could, one wasn't sure and one said no). When asked what additional support they or their company would need to increase their capacity to carry out the project steps without support, the following elements were identified:

- Networking support
- Management buy-in to the wellness program
- Availability of online resources (i.e., how-to guide for developing components of wellness program)
- Access to project team/annual check-in
- Time
- Funds
- Manpower

The pilot site representatives were asked if they would find a resource toolkit helpful. All of them reported that they would. The types of information they would like to see in the toolkit includes contact information of wellness service providers, step by step instructions for different components of a wellness program, or templates for different parts of the program.

A recurring theme from the interviews with all the stakeholders was the limited manpower on the WHIP team, particularly given the volume of interested companies. The CPs and the project team noted that more companies wanted to be involved in the Workplace Health Improvement Project than the project team could handle, and there is currently a waiting list of interested companies. To minimize the demand for project team's support, one pilot site representative suggested that the project team facilitate a forum where representatives of participating organizations can convene for knowledge exchange and networking. The respondent noted that the individuals at the forum could be a network for each other instead of relying on the project team. To further minimize the demand on the project team, one project team member suggested ensuring that the WHIP team staff remains facilitators of the process, not implementers.

## Overall feedback on the WHIP

All of the pilot companies' representatives reported that their organization's goal for participating in the project was met. From the responses of the pilot companies' representatives, it is clear that they perceive the WHIP as important in developing or improving workplace health in their company. Pilot companies were asked how important they felt the project was in helping their organization develop a workplace health improvement plan. All seven respondents reported that it was important, as indicated by the sample comments below:

*“Provided us with stuff we would not have been able to get on our own. Provided us with information which was very valuable.”*

*“...we already had a program, but it helped with moving things forward, couldn't have done everything we did without their support.”*

*“Given the list of things we started this year, and they are all really strong things, that will make a big difference over the next couple of years.”*

*“I think if I had been doing this on my own we would not be anywhere near the point we are at right now.”*

*“If it wasn't for them, we wouldn't have what we have.”*

Finally, similar to the feedback from the CPs, the key contacts also recommend sustaining the work, as reflected in the comments below:

*“I don't know what the future of WHIP is, from my point of view I certainly hope it continues. It really is a missing component in organizations.”*

*“Very worthwhile project, very glad we got involved in it. The WHIP team was very helpful. I wish there was something out there all the time, I don't know why we hadn't looked at Wellness as part of Safety at work.”*

*“The program is worth continuing, it is brilliant, long time coming.”*

## Discussion

### Stakeholder engagement and relationships

Based on the project team's experience during this pilot, they identified leadership support and motivation by the company as being the two most important criteria for selecting companies to participate in the Workplace Health Pilot Project. The support and commitment of senior leadership is critical to embedding workplace health promotion in the organizational culture. This also enhances the likelihood that the program will be sustained within the organization.

One company withdrew from this pilot due to limited staffing capacity to continue the project work. This situation demonstrates that authorization by senior leadership may not indicate that the organization is committed to the work. In the case of this company, despite approval from senior leadership to move ahead with the project, the outcome suggests that no firm commitment was made to support the project. It was reported that there was a lag time in hiring a replacement to fill the vacant position. However, it should be noted that hiring a replacement does not guarantee continuity of the work. If the commitment to the work is not grounded in organizational culture and leadership, continuation of the project may rest entirely on whether the new staff perceives the work to be valuable and feasible to implement.

Representation from the pilot companies should involve an individual from HR, Health and Safety and/ or Wellness Coordinator, with participatory support from senior leadership.

### The WHIP process and resources

Overall, the responses indicate that implementation of the project steps went well for the majority of the pilot sites. The company profile and assessment, the program planning, and the evaluation planning are three steps which some companies reported having difficulties with, specifically, the tools associated with these steps. With the assessment document, the challenge reported by the pilot site representatives was their perception that the tool was subjective. While the majority of respondents reported no issues with the program planning and evaluation planning steps, one respondent reported finding the steps challenging. The project team also reported that some companies found the program and evaluation planning steps difficult.

An interesting observation from participants' responses is that the majority may not understand the value and importance of incorporating evaluation as part of their

workplace health improvement program. Therefore, it may be necessary to educate future participating companies on the value of evaluating their program to prove effectiveness and worth. When planning the evaluation of workplace wellness programs, both process and outcome evaluations are important. Findings from the process evaluation will help to determine if the program is being delivered as outlined in the program's theory of change or logic model, while outcome evaluation is important in assessing changes in the knowledge, attitudes, behaviours and overall health status of employees at participating companies.

### Project team's support

With regard to the support received from the WHIP team, the findings suggest that the majority of the pilot companies felt their participation in the pilot project increased their capability to develop and implement their workplace health program. Nevertheless, the responses also suggest that participating companies may require some form of ongoing support from the project team. This ongoing demand is important to consider as part of future project plans, as well as demands from other interested companies.

The responses from the interviews indicate that this pilot raised awareness of the WHIP and generated a lot of interest in the work. The CPs and the project team noted that there is currently a waitlist of interested companies, and some other CPs as well. A potential future challenge in meeting the demands of the interested companies, as noted by interview respondents, is the limited capacity of the project team. WHIP staff capacity will need to be assessed to determine how this increasing interest and demand can best be addressed. An adequate number of WHIP staff is critical to successfully facilitate the process and the development and implementation of workplace health activities at participating companies.

## Limitations of the Results

It is worth noting that generalizations cannot be made from the findings of this evaluation. Although the overall response rate for this evaluation was high at 94.7%, this number represents only 19 individuals who provided feedback on their experience in the WHIP pilot (of which there were nine individuals from six pilot companies, as well as three partners). This number is too small to draw conclusions about how the process will work in other companies and industries across the province. Therefore conclusions are limited to the companies that participated in the pilot.

Considering the selection criteria for the project, it can be assumed that pilot companies were at a high state of readiness for development of a workplace health program. As such, it is difficult to state conclusively how successful the process will be at companies that are at a different state of readiness.

Additionally, given the scope of this evaluation, conclusions that can be drawn from the findings are intended to speak to participants' perception of the WHIP process and tools, not the effectiveness of the project.

## Recommendations

Key findings from this evaluation are summarized below, followed by recommendations based on those findings.

### Stakeholder engagement and relationships

- Both the CPs and the project team acknowledged the importance of their partnerships in fostering the workplace health improvement work. In addition, this synergy will likely strengthen current OHS work in the province.
- One company withdrew from the pilot due to the exit of the key contact from the company. The key contact was the sole champion for the pilot project within that organization. The individual's departure from the company and a delay in hiring a replacement resulted in the company withdrawing from the pilot. The key contact noted that the new hire would have had to decide whether or not they would remain involved in the project. This reflects the risk to project continuity that could result from having only one individual involved in the project.

Based on these findings, the following recommendations are made:

**Recommendation 1:** Sustain partnerships with the CPs and other major stakeholders.

**Recommendation 2:** Obtain buy-in and commitment from senior leadership. This is integral for workplace health improvement to be embedded in the culture of the organization and to ensure continuity of the work.

**Recommendation 3:** Consider identifying and working closely with more than one key contact when introducing the Workplace Health Improvement Project at future participating companies. This is important in order to minimize any negative impact on the work in the event of internal staff changes.

### The WHIP process and resources

- Three steps which some companies reported having difficulties with were the assessment, the program planning, and the evaluation planning; specifically, the tools associated with those steps.

Based on this finding, the following recommendation is made:

**Recommendation 4:** Consider revising the assessment guide and the program and evaluation planning template to improve their clarity and ease of use. It is important to keep in mind that users of the tool may be from diverse backgrounds and have varying levels of experiences in (and understanding of) workplace health programs. It is therefore important to ensure that the project tools are suitable for a wide range of users.

- The responses from the interviews indicate that this pilot generated a lot of interest in the WHIP. The partners and the project team noted that there is currently a waitlist of interested companies. A potential future challenge in meeting the demands of the interested companies, as identified during the interviews, is limited manpower on the project team.

Based on this finding, the following recommendations are made:

**Recommendation 5:** Consider increasing the capacity of the project team to meet the needs of interested companies. Consider the human resources required to implement the Workplace Health Improvement Project province-wide.

**Recommendation 6:** Explore different delivery mechanisms to enhance the sustainability of the project. For example, consider developing a resource toolkit (such as a step-by-step guide on how to develop various components of a workplace wellness program, or online tools) to supplement the support provided by the project team. This may further increase capacity at participating companies and reduce the demand on the project team.

### Future evaluations of the WHIP

- The majority of the pilot companies reported that they felt more confident in carrying out the WHIP process on their own, but would need additional resources to do so, in addition to some ongoing support from the project team. Participating companies may be able to implement the WHIP process independently over time; this would have to be assessed in future evaluations.

Based on this finding, the following recommendations are made:

**Recommendation 7:** Future evaluations should assess improvements in pilot companies' (and other future companies') capacity to implement the WHIP process and health promotion activities with limited support from the project team.

Finally, given the short duration of this pilot, relative to the time required to observe measurable changes in workplace health improvement, this pilot could not report on changes in workplace health at pilot organizations.

**Recommendation 8:** It is recommended that outcome evaluations be conducted to determine if the WHIP contributed to chronic disease reduction and prevention at participating companies. The outcome evaluations should assess the short, medium, and long-term outcomes outlined in the project logic model.

**Recommendation 9:** Continued regular process evaluation of the WHIP is recommended to identify facilitators or barriers to successful implementation of the project.

## Conclusion

This evaluation was conducted to examine the implementation of the pilot project, and to assess the effectiveness of the WHIP process in building the capacity of pilot companies to develop a workplace health promotion program. Findings from this evaluation shows that, while the project appeared to increase pilot companies' capacity to implement the process, the companies' ability to independently execute the process would be enhanced by additional resources that were identified by the pilot companies (listed in the findings section of this report). This finding suggests that, to some extent, the project met this objective for the majority of pilot participants. As recommended, future evaluations will help identify any further increase in pilot companies' capacities to implement the process independently.

## References

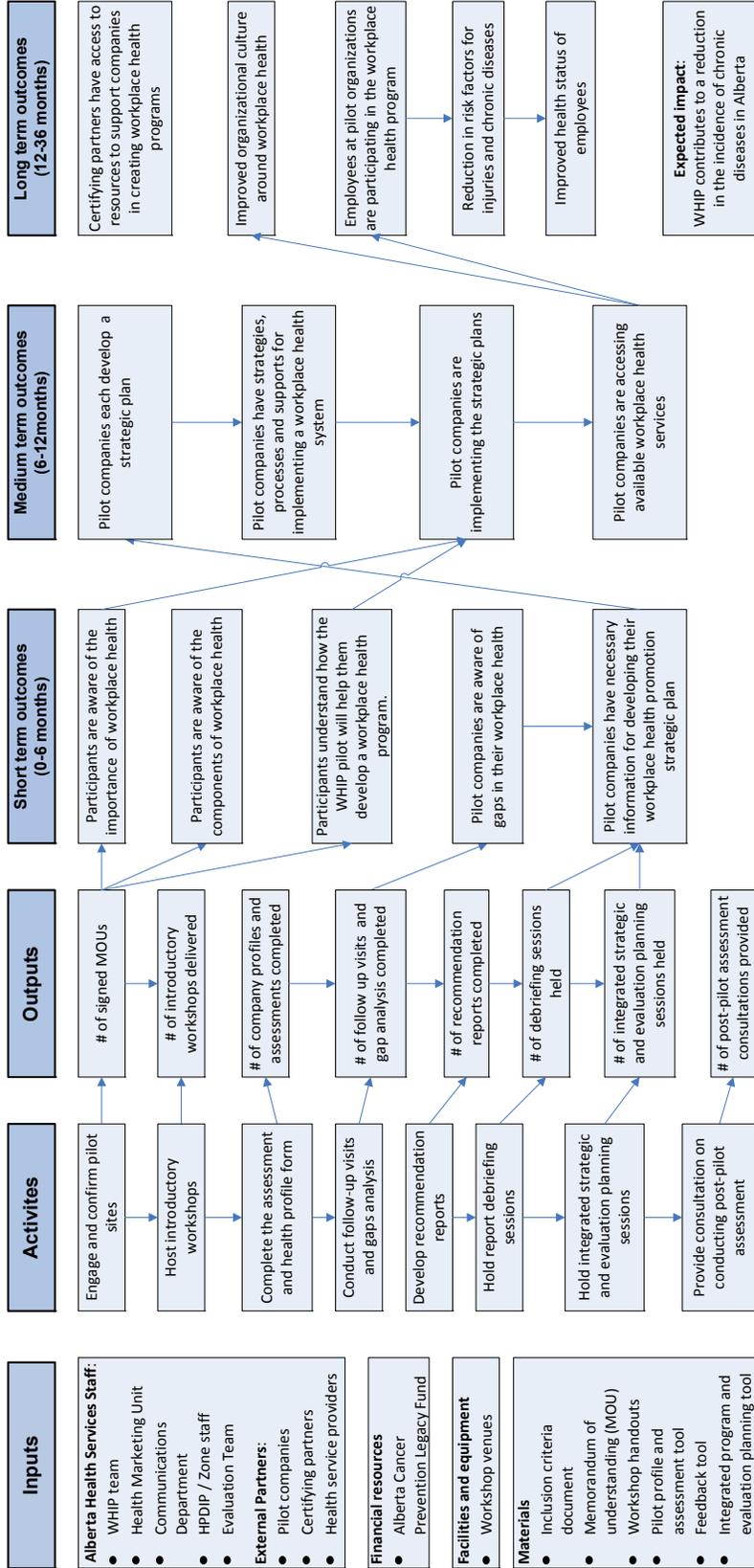
Alberta Human Services (2011). What is a Certifying Partner? Retrieved July 23, 2012 from <http://employment.alberta.ca/SFW/337.html>

# Appendix A: WHIP Pilot Logic Model

Title

## Workplace Health Improvement Pilot Project Logic Model *Version 1.4 - September 21, 2011*

Project goal: To improve the health of Alberta's workforce by enhancing employer efforts in planning and operating effective workplace health programs

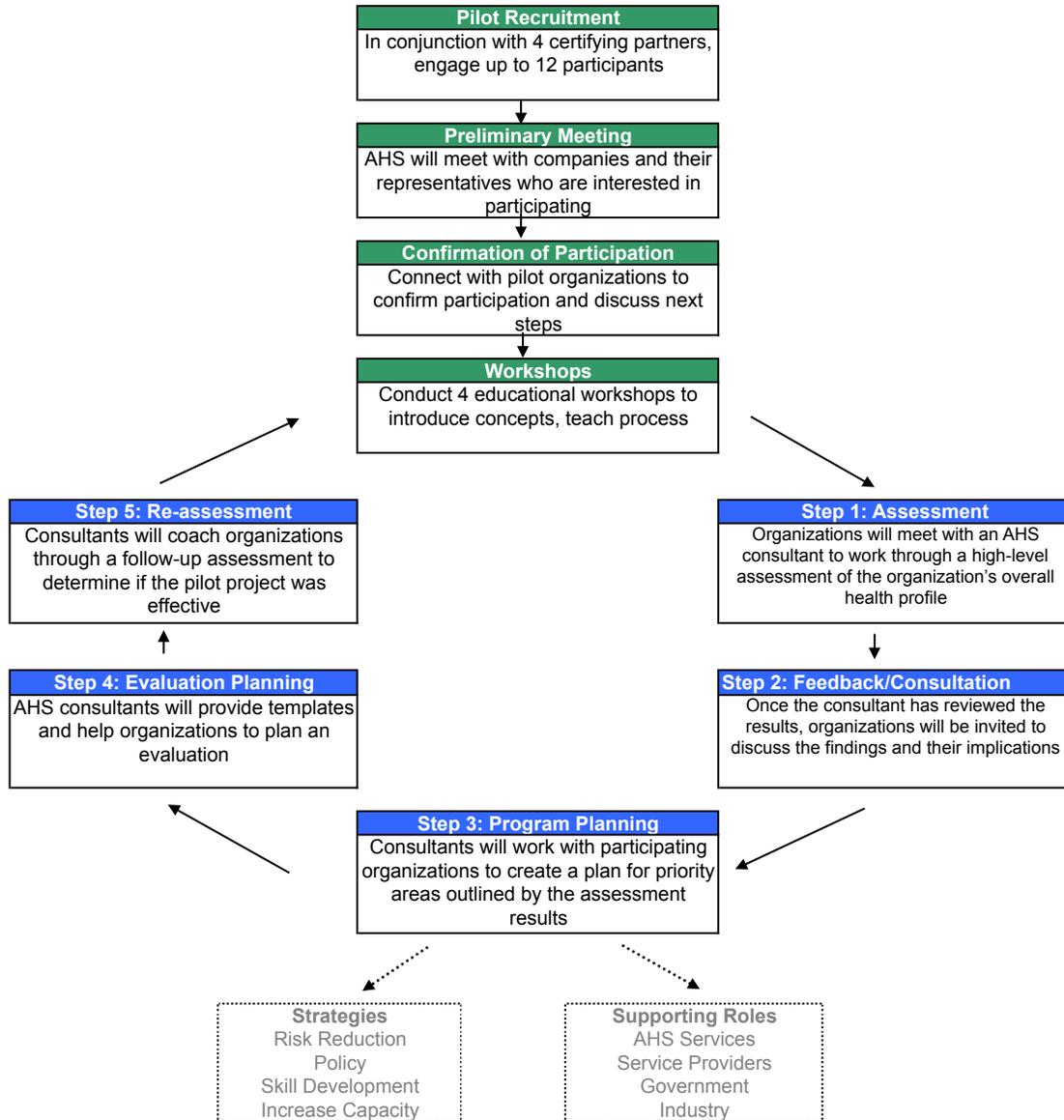


Assumptions:

- WHIP will receive continued funding up to year 3
- All workshop attendees will sign an MOU with the WHIP team to be in the pilot
- Certifying Partners will remain involved in the project

## Appendix B: WHIP Process Diagram

### Description of the Workplace Health Improvement Project: Pilot Project



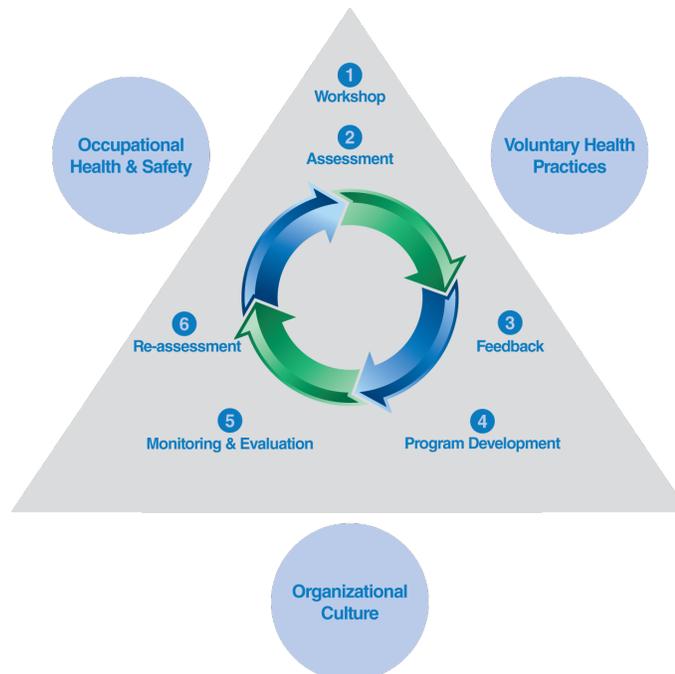
## Appendix C: Assessment Guide

### Introduction

The Workplace Health Improvement Project (WHIP) aims to support organizations in critically assessing their current workplace health activities and to provide consultative support to enhance and improve those activities. This assessment guide explains the key criteria of a standard for workplace health programming and provides a measurement tool for organizations to assess their performance. Each step of the assessment process is described, and the scale which responses are measured against will be explained.

### Overview of the WHIP Assessment tool

The Workplace Health Team of Alberta Health Services (AHS), Health Promotion, Disease and Injury Prevention (HPDIP) Unit developed the WHIP assessment tool to assist Alberta organizations in understanding and improving their workplace health practices. The standard was built using feedback from Alberta Industries and research of best practices in workplace health, and includes three areas of focus: occupational health and safety, voluntary health practices and organizational culture. The tool is complimented by a stepwise process that includes: Assessment, consultation, program development (action planning), evaluation and follow-up assessment.



## Appendix C: Assessment Guide (contd.)

### Criteria of the AHS Standard for Workplace Health include:

#### 1) Organizational Culture

- a. Leadership support
- b. Employee engagement and participation
- c. Integrated and strategic approach
- d. Communication
- e. Evaluation and monitoring

#### 2) Voluntary Health Practices

- a. Risk factor identification
- b. Risk factor modification

#### 3) Occupational Health and Safety

- a. \*\* This component will not be addressed by the WHIP\*\*

### Scoring of the Assessment

Organizations will be asked to rank their workplace health programming in each category on a scale from 0 to 5 points. The scale is defined as follows:

- 0 = No workplace health strategy in this area
- 1-2 = Contemplating a workplace health strategy in this area
- 3 = Developing a workplace health strategy in this area
- 4 = Implementing a workplace health strategy in this area
- 5 = Comprehensive workplace health strategy exists with evaluation component

## Appendix C: Assessment Guide (contd.)

### Workplace Health Improvement Project

#### Assessment Tool

Please rate the current activity of your organization in the following workplace health categories using a score of 0 - 5. Scoring is defined as follows:

- 0 = No workplace health strategy in this area
- 1-2 = Contemplating a workplace health strategy in this area
- 3 = Developing a workplace health strategy in this area
- 4 = Implementing a workplace health strategy in this area
- 5 = Comprehensive workplace health strategy exists with evaluation component

#### Organizational Culture

##### 1) Leadership Support

Strong organizational leadership and management support is essential to generate the human and financial capital required to operate a successful workplace health program. The leadership team demonstrates a commitment to workplace health through its own actions, the allocation of resources, and by providing access to health programs. The following components of leadership support are necessary for the development and implementation of effective workplace initiatives:

Leadership Support	# of Points
A vision and/or mission statement exists that outlines the organization’s commitment to the health of its employees.	
Commitment to workplace health is demonstrated through the allocation of financial resources (budget) and/or human resources (staff time or committed position).	
Regular communication takes place to inform staff of available health resources and/or initiatives (if yes, please complete section 4, “Communication”).	
Senior and mid level managers/supervisors are engaged, educated and involved in all components of the organization’s health strategy. Senior management is represented, visible, and actively participates in committees and activities.	
Workplace policies are put in place to ensure a healthy and supportive environment for all employees.	

TOTAL POINTS: \_\_\_\_\_

## Appendix C: Assessment Guide (contd.)

### 2) Employee Engagement and Participation

Engagement, effective communication with, and participation of employees at all levels during the development and implementation of health initiatives is critical. The following characteristics are necessary for organizations to actively engage employees in health initiatives:

Employee Engagement and Participation	# of Points
Employees are actively engaged in health activities by leadership and/or coordinators.	
Employees have the ability to participate in all aspects of the organization's health initiative (planning, implementation).	
Employees have the ability to be involved in decisions that impact their work, and working environment (i.e. giving feedback, not just passive recipients of information)	
Partnerships are established with both internal and external partners and/or service providers who are essential for ensuring the success of the workplace health initiative.	

TOTAL POINTS: \_\_\_\_\_

## Appendix C: Assessment Guide (contd.)

### 3) Integrated and Strategic Approach

In order to be effective, workplace wellness programs must address both psychosocial and physical environments, as well as the health of individuals. Fundamentally, this requires a concentrated effort and alignment between the departments that oversee occupational safety and employee health. Health is determined by many interdependent factors, and requires a comprehensive approach to be successful. The following characteristics represent an integrated and strategic approach to workplace health

Integrated and Strategic Approach	# of Points
The organization's vision for health and safety are connected to the overall mission, strategies, practices and/or written policies.	
The organization utilizes an integrated approach to health and safety programming and implementation: Eg. Establishment of joint health and safety committees	
The organization appoints an employee and/or hired health service provider or consultant to coordinate the health initiative.	
The organization conducts an up-front assessment of health and safety needs prior to planning activities (i.e. culture audit, health risk appraisal, interest surveys).	
Strategic direction and planning, priorities and activities associated with the organization's health initiative are based on the outcome of the up-front assessment.	

TOTAL POINTS: \_\_\_\_\_

## Appendix C: Assessment Guide (contd.)

### 4) Communication

Effective communication is essential for engaging employees in discussions about health, as well as providing information and promoting employee health initiatives. Essential characteristics include:

Communication	# of Points
The organization has an established strategy for communicating to staff about health programs and activities.	
Multiple communication avenues are used, including (but not limited to): Effective use of notice boards, team briefings, company intranet, use of email, paycheck stuffers, staff surveys, focus groups.	
The communication strategy utilizes a mixed approach of specific and targeted communication.	
Visible promotions are used to advertise health initiatives.	
Educational health materials are made available for staff.	

TOTAL POINTS: \_\_\_\_\_

## Appendix C: Assessment Guide (contd.)

### 5) Evaluation and Monitoring

Monitoring and evaluation are systematic processes used to assess the progress of ongoing activities as planned. They help to identify the constraints for early corrective action, and measure effectiveness and efficiency of the desired outcome of the program. Monitoring health initiatives provides critical information about employee and organizational needs, and which activities need to be adjusted. Examples of metrics that may be included in evaluations include:

Evaluation and Monitoring	# of Points
The organization has an established strategy for evaluating health programs and activities.	
The evaluation strategy includes the collection of human resources metrics like absenteeism (sick time), stress leave, injury rates, short and long term disability costs, lost time claims.	
The evaluation strategy measures participation rates	
The evaluation strategy includes results from health risk appraisals.	
The evaluation strategy measures changes in health-related behaviours, including knowledge and awareness of health-related topics	
The organization collects survey data on each of the above indicators on an annual basis to monitor progress towards health goals.	

TOTAL POINTS: \_\_\_\_\_

## Appendix C: Assessment Guide (contd.)

### Voluntary Health Practices

#### 1) Risk Factor Identification

The first step in reducing risks for chronic disease and enhancing safety in the workplace is to identify potential hazards. The following areas of focus are necessary for the reduction of such risks:

Risk Factor Identification	# of Points
<b>Health Assessment</b>	
The organization provides employees with the opportunity to participate in a voluntary health risk appraisal.	
Employees are provided with appropriate and necessary services and support in follow-up to a health-risk appraisal.	
<b>Chronic Disease Screening</b>	
The organization encourages screening behaviours through marketing strategies and/or awareness campaigns	
The organization provides access to screening resources (ex. On-site screening).	
<b>Demographic Profiling</b>	
The organization has the ability to capture age and gender information, either through existing reports or databases.	

TOTAL POINTS: \_\_\_\_\_

## Appendix C: Assessment Guide (contd.)

### 2) Risk Factor Reduction

The following modifiable risk factors have been identified as critical factors in reducing chronic disease and accident/illness rates: tobacco use, physical inactivity, unhealthy body weight, unhealthy diet, addictions and mental health. The question below addresses activities, programs or policies to reduce these risk factors.

Does your organization currently offer and/or has offered in the past, programs, policies and/or resources designed to address each of the following health behaviours or concerns?

- Tobacco use/smoking behaviour
  - Yes
  - No
  - Do not know
  
- Physical activity, exercise and active living
  - Yes
  - No
  - Do not know
  
- Nutrition and healthy eating
  - Yes
  - No
  - Do not know
  
- Achieving and maintaining a healthy body weight
  - Yes
  - No
  - Do not know
  
- Addictions (alcohol, drug etc.)
  - Yes
  - No
  - Do not know

- Mental Health
  - Yes
  - No
  - Do not know
  
- Disease screening
  - Yes
  - No
  - Do not know

***TOTAL SCORING: FOR AHS USE ONLY***

<b>Leadership Support:</b>	_____
<b>Employee Engagement and Participation</b>	_____
<b>Integrated and Strategic Approach</b>	_____
<b>Communication</b>	_____
<b>Evaluation and monitoring</b>	_____
<b>Risk factor Identification</b>	_____
<b>Risk factor modification</b>	_____
<b>Areas of risk factor reduction addressed:</b>	
_____	
_____	
_____	
_____	

## Appendix D: Recommendations Template

**[COMPANY NAME HERE]**

Workplace Health Improvement Project: Summary of [COMPANY]  
Information & AHS Recommendations

<b>Organization Information</b>	
Company Description	
Industry Classification	
Number of Employees	
Gender Demographics	
Age Demographics	
Job Roles/Duties	

<b>Workplace Health Profile</b>	
HR Trends	
OHS Trends	
Personal Health Trends	
Previous Health Activity	
Current Health Activity	
Interest in Future Health Initiatives	
Resources Available to Support Workplace Health Promotion	
<b>General AHS Recommendations from Profile:</b>	
<b>Assessment Results</b>	<b>AHS Recommendations</b>
Leadership support: /25	AHS Recommendations:
Employee Engagement and Participation: /20	AHS Recommendations
Integrated and Strategic Approach: /25	AHS Recommendations:
Communication: /25	AHS Recommendations:
Evaluation & Monitoring: /30	AHS Recommendations:
Risk Factor Identification: /25	AHS Recommendations:

## Appendix E: Program Planning and Evaluation Template

### Workplace Health Improvement Project (WHIP)

#### Planning and Evaluation Template

Before launching any program or service, it is necessary to clearly articulate priorities, objectives and key components of the project. This information will inform a basic evaluation plan (see “menu of key evaluation indicators”).

The following chart offers an opportunity to document program or service concepts using a “flow” of ideas and connectivity between concepts. Using the headings listed below, identify the following components of your program or service that will be critical factors in determining its success.

<p><b>PRIORITIES:</b> From the WHIP Assessment, what do you feel you would like to take action on? What are you trying to achieve?</p>
<p><b>OBJECTIVES:</b> What changes do you want to see as a result?</p>
<p><b>RESOURCES:</b> What will be required to make these activities happen? (Time, money, leadership support, facilities etc.)?</p>

*Continued on next page...*

## Appendix E: Program Planning and Evaluation Template (contd.)

**ACTION:** What needs to happen for your initiative to “take off”? Think about what plans you will need, products, processes, people who need to be engaged etc.

**OUTCOMES:** What will be different as a result of your efforts? Consider changes in knowledge, understanding, attitudes, skills, behaviours or health outcomes that might occur? *Please see “menu of evaluation indicators” for key components to evaluate.*

**AFTER 6 MONTHS:**

**AFTER 1-2 YEARS:**

**AFTER 3-5 YEARS:**

## Appendix E: Program Planning and Evaluation Template (contd.)

### Workplace Health Improvement Project

Sample Menu of tracking and evaluation Indicators

*(These “indicate” that your outcomes have been achieved)*

#### Starters

Consider the information you may already have access to and build this into your plan: **Cost**

- 1) **Internal program statistics:** ..... **FREE**
  - a. Participation rates (quantitative)
  - b. # and types of services provided (qualitative/quantitative)
  
- 2) **Service provider data:**..... **FREE**
  - a. EAP: Usage statistics and trends (quantitative/qualitative)
  - b. Benefits: Usage trends and drug costs and trends (quantitative/qualitative)
  - c. Insurance: STD rates and costs (quantitative)
  - d. Insurance: LTD rates and costs (quantitative)
  - e. Insurance: WCB costs (quantitative)
  
- 3) **Survey responses:**.....**TIME**
  - a. May include employee satisfaction survey (ESAT), Health risk appraisals, culture audit etc. (quantitative and qualitative)
  - b. What do participants hope to gain from the program (qualitative)
  - c. Where do they need support for their health (qualitative)

## Appendix E: Program Planning and Evaluation Template (contd.)

### Main

- 1) **Short term indicators (1-11 months)..... TIME**
  - a. Survey: # of participants (staff, students, leaders etc) that have increased knowledge of the program (quantitative)
  - b. Survey: # of participants who have an increased awareness of the services available through their employer to support health
  - c. Survey: # of participants who are interested in their employer’s workplace health initiative
  - d. Survey: # of participants who have increased health-related knowledge
  - e. Others?
  
- 2) **Intermediate indicators (1-2 years)..... TIME**
  - a. Survey: # of participants that have improved health behaviours because of the program (i.e. they make healthier choices)
  - b. Survey: # of participants who have an increased sense of control over their health
  - c. Survey: # of participants who feel a greater sense of loyalty and engagement with their employer
  - d. Survey: # of participants who report that morale has improved as a result of the health initiative
  - e. Survey: # of participants who report an increased sense of control over their work
  
- 3) **Long-term indicators (3+ years)..... TIME**
  - a. Survey: # of participants who report their productivity has increased
  - b. Survey: # of participants who feel that the workplace culture has improved
  - c. Outputs: productivity (quantitative)
  - d. Outputs: productivity (qualitative – participants feel that their productivity has increased)
  - e. Insurance premiums have changed (decreased), including: WCB, STD, LTD
  - f. Benefits costs have changed (increased/decreased)
  - g. Benefits utilization has changed (increased/decreased)
  - h. Drug costs and/or utilization have decreased
  - i. EAP trends have improved
  - j. Employee recruitment and/or retention has improved
  - k. Absence time has decreased

# Appendix F: Re-Assessment Guide and Tool

## Workplace Health Improvement Project

### Re-Assessment Guide

#### Introduction

The Workplace Health Improvement Pilot Project (WHIP) has supported your organization in critically assessing your current workplace health activities, and to provide consultation and support to enhance and improve those activities. Similar to the assessment, the re-assessment guide will re-explain the key criteria of a standard for workplace health programming and provides a measurement tool for your organization to re-assess its own performance. Each step of the re-assessment process is described and the same scale is used to provide your responses. However, during the re-assessment you may find that your ratings have changed based on your increased knowledge and awareness, workplace health strategies, activities, evaluation, programs and planned actions.

As part of the re-assessment process you will again be using the following criteria to re-evaluate your current practices:

#### 1) Organizational Culture

- a. Leadership support
- b. Employee engagement and participation
- c. Integrated and strategic approach
- d. Communication
- e. Evaluation and monitoring

#### 2) Voluntary Health Practices

- a. Risk factor identification
- b. Risk factor modification

#### 3) Occupational Health and Safety

\*\* Although very important to an integrated approach to Workplace Health this component was not addressed by the WHIP Pilot Project and will not be evaluated in the re-assessment process.

Note: A glossary has been provided at the back of this document for reference and definitions to some key terms.

### Conducting the WHIP Re-Assessment

The AHS Workplace Health Program Team consultants will support each pilot site through this re-assessment to determine what changes have occurred with workplace health activities in the organizations. It is important that you review your original Profile / Assessment document, the Recommendations and Information Summary Report, and the Planning and Evaluation Report prior to completing the Re-assessment tool.

## Appendix F: Re-Assessment Guide and Tool (contd.)

As a pilot site you are asked to rank your workplace health improvement practices and programs in each category using the same scale you used doing the original assessment completed a year ago. The scale is defined as follows:

- 0 = No workplace health strategy in this area
- 1-2 = Contemplating a workplace health strategy in this area
- 3 = Developing a workplace health strategy in this area
- 4 = Implementing a workplace health strategy in this area
- 5 = Comprehensive workplace health strategy exists with evaluation component

In reviewing your initial assessment and completing the re-assessment tool, you may find that your ratings have changed (up or down). This can be expected due to factors such as:

- Increased knowledge of workplace health promotion
- Increased awareness of the health practices of your organization
- Increased knowledge of the health challenges facing your organization
- Increased recognition and awareness of the health behaviors present or absent in the organizational culture
- Increased knowledge of Alberta Health Services programs and services available to support your organization

Remember there is no right or wrong answers to this re-assessment. What is important is that you identify and describe what changed your rating or why no changes were noted in the tables below.

## Appendix F: Re-Assessment Guide and Tool (contd.)

### Re-Assessment Tool

#### Organizational Culture

##### 1) Leadership Support

Strong organizational leadership and management support is essential to generate the human and financial capital required to operate a successful workplace health program. The leadership team demonstrates a commitment to workplace health through its own actions, the allocation of resources, and by providing access to health programs. The following components of leadership support are necessary for the development and implementation of effective workplace initiatives:

Leadership Support	# of Points from Initial Assessment	# of Points in Re-Assessment	Has this number increased/decreased or remained the same? If so, why?
A vision and/or mission statement exists that outlines the organization's commitment to the health of its employees.			
Commitment to workplace health is demonstrated through the allocation of financial resources (budget) and/or human resources (staff time or committed position).			
Regular communication takes place to inform staff of available health resources and/or initiatives.			
Senior and mid level managers/supervisors are engaged, educated and involved in all components of the organization's health strategy. Senior management is represented, visible, and actively participates in committees and activities.			
Workplace policies are put in place to ensure a healthy and supportive environment for all employees.			

TOTAL POINTS: \_\_\_\_\_ TOTAL POINTS: \_\_\_\_\_

## Appendix F: Re-Assessment Guide and Tool (contd.)

### 2) Employee Engagement and Participation

Engagement, effective communication with, and participation of employees at all levels during the development and implementation of health initiatives is critical. The following characteristics are necessary for organizations to actively engage employees in health initiatives:

Employee Engagement and Participation	# of Points from Initial Assessment	# of Points in Re-Assessment	Has this number increased/decreased or remained the same? If so, why?
Employees are actively engaged in health activities by leadership and/or coordinators.			
Employees have the ability to participate in all aspects of the organization's health initiative (planning, implementation).			
Employees have the ability to be involved in decisions that impact their work, and working environment (i.e. giving feedback, not just passive recipients of information).			
Partnerships are established with both internal and external partners and/or service providers who are essential for ensuring the success of the workplace health initiative.			

TOTAL POINTS: \_\_\_\_\_ TOTAL POINTS: \_\_\_\_\_

## Appendix F: Re-Assessment Guide and Tool (contd.)

### 3) Integrated and Strategic Approach

In order to be effective, workplace wellness programs must address both psychosocial and physical environments, as well as the health of individuals. Fundamentally, this requires a concentrated effort and alignment between the departments that oversee occupational safety and employee health. Health is determined by many interdependent factors, and requires a comprehensive approach to be successful. The following characteristics represent an integrated and strategic approach to workplace health:

Integrated and Strategic Approach	# of Points from Initial Assessment	# of Points in Re-Assessment	Has this number increased/decreased or remained the same? If so, why?
The organization's vision for health and safety are connected to the overall mission, strategies, practices and/or written policies (i.e. Is your company planning to change vision or mission statements to include health?).			
The organization utilizes an integrated approach to health and safety programming and implementation (i.e. establishment of joint health and safety committees, health is also discussed now during health and safety meetings).			
The organization appoints an employee and/or hired health service provider or consultant to coordinate the health initiative. If so, are they part time/full time, or as part of their other job/role?			
The organization conducts an up-front assessment of health and safety needs prior to planning activities (i.e. culture audit, health risk appraisal, interest surveys).			
Strategic direction and planning, priorities and activities associated with the organization's health initiative are based on the outcome of the up-front assessment.			

TOTAL POINTS: \_\_\_\_\_ TOTAL POINTS: \_\_\_\_\_

## Appendix F: Re-Assessment Guide and Tool (contd.)

### 4) Communication

Effective communication is essential for engaging employees in discussions about health, as well as providing information and promoting employee health initiatives. Essential characteristics include:

Communication	# of Points from Initial Assessment	# of Points in Re-Assessment	Has this number increased/decreased or remained the same? If so, why?
The organization has an established strategy for communicating to staff about health programs and activities.			
Multiple communication avenues are used, including (but not limited to): Effective use of notice boards, team briefings, company intranet, use of email, paycheck stuffers, staff surveys, focus groups.			
The communication strategy utilizes a mixed approach of specific and targeted communication.			
Visible promotions are used to advertise health initiatives.			
Educational health materials are made available for staff.			

TOTAL POINTS: \_\_\_\_\_ TOTAL POINTS: \_\_\_\_\_

## Appendix F: Re-Assessment Guide and Tool (contd.)

### 5) Evaluation and Monitoring

Monitoring and evaluation are systematic processes used to assess the progress of ongoing activities as planned. They help to identify the constraints for early corrective action, and measure effectiveness and efficiency of the desired outcome of the program. Monitoring health initiatives provides critical information about employee and organizational needs, and which activities need to be adjusted. Examples of metrics that may be included in evaluations include:

Evaluation and Monitoring	# of Points from Initial Assessment	# of Points in Re-Assessment	Has this number increased/decreased or remained the same? If so, why?
The organization has an established strategy for evaluating health programs and activities.			
The evaluation strategy includes the collection of human resources metrics like absenteeism (sick time), stress leave, injury rates, short and long term disability costs, lost time claims.			
The evaluation strategy measures participation rates.			
The evaluation strategy includes results from health risk appraisals.			
The evaluation strategy measures changes in health-related behaviours, including knowledge and awareness of health-related topics.			
The organization collects survey data on each of the above indicators on an annual basis to monitor progress towards health goals.			

TOTAL POINTS: \_\_\_\_\_ TOTAL POINTS: \_\_\_\_\_

## Appendix F: Re-Assessment Guide and Tool (contd.)

### Voluntary Health Practices

#### 1) Risk Factor Identification

The first step in reducing risks for chronic disease and enhancing safety in the workplace is to identify potential hazards. The following areas of focus are necessary for the reduction of such risks:

Risk Factor Identification	# of Points from Initial Assessment	# of Points in Re-Assessment	Has this number increased/decreased or remained the same? If so, why?
<b>A. Health Assessment</b>			
The organization provides employees with the opportunity to participate in a voluntary health risk appraisal (i.e. biometrics, health risk appraisal)			
Employees are provided with appropriate and necessary services and support in follow-up to a health-risk appraisal.			
<b>B. Chronic Disease Screening</b>			
The organization encourages screening behaviours through marketing strategies and/or awareness campaigns.			
The organization provides access to screening resources (i.e. on-site screening).			
<b>C. Demographic Profiling</b>			
The organization has the ability to capture age and gender information, either through existing reports or databases.			

## Appendix F: Re-Assessment Guide and Tool (contd.)

### 2) Risk Factor Reduction

Risk factor identification and modification will be measured by either the absence or presence of programs, policies or resources to address modifiable risk factors. The following modifiable risk factors have been identified as critical factors in reducing chronic disease and accident/illness rates: tobacco use, physical inactivity, unhealthy body weight, unhealthy diet, addictions and mental health, and disease screening.

The question below address activities, programs or policies to reduce these risk factors.

**Does your organization currently offer and/or has offered in the past, programs, strategies, policies, activities and/or resources designed to address each of the following health behaviours or concerns?** (please complete the table below)

Risk Factor Reduction	Response from initial assessment (Yes, No, Don't know)	Response for Re-assessment (Yes, No, Don't know)	Has this response changed or remained the same? Please describe?
Tobacco use/smoking behaviour			
Physical activity, exercise and active living			
Nutrition and healthy eating			
Achieving and maintaining a healthy body weight			
Addictions (alcohol, drugs, etc.)			
Mental Health / Psychological Health (stress, burnout, anxiety, depression, shift work)			
Disease screening (heart disease, cancer, diabetes)			

**Thank-you for completing the Re-assessment tool! Please send your completed document to the WHIP team and if you have any questions or concerns, please feel free to contact us.**

***Within the next 2 weeks, you will be contacted by a representative from the Evaluation Unit of Alberta Health Services to schedule and complete an interview at your convenience.***

## Appendix G: Profiles of pilot companies

Company	Industry classification	Number of employees	Gender demographics	Average age or age demographics	Classes of workers	Existing workplace health initiatives (prior to WHIP)
Alberta Oil Tool	Manufacturing	240	95% Male, 5% female	~ 30 years	Includes office workers (accounting, engineers, administration etc.), shop workers (crane, general labour, CNC operators etc.)	-
PepsiCo	Manufacturing	150	55% Male, 45% female	16-64 years	Includes labourers, technicians, operators, maintenance and drivers. Workers work various shift work rotations.	EAP program, at-work education all year round
Standen's Limited	Manufacturing	500	85% Male, 15% female	18-60	-	Employee and Family Assistance Program
SAIT	Academic Institution	2339	-	~ 47 years	Academic instructors, APT, Management, Contractors	-
Triple M Housing	Manufacturing	237	86% Male, 14% female	40-69 years (64% of workers) 18-39 years (36% of workers)	Includes administration and/or supervisors, general labourers / shop workers, and shop floor workers.	-
University of Lethbridge	Academic Institution	2024	-	~ 37.5 years	Faculty, support staff, maintenance workers, caretakers, administrative professional officers	-

## Appendix H: Summary of findings from Evaluation of the Introductory Workshops

OBJECTIVES	RESULTS	
	<i>May workshops</i>	<i>June workshop</i>
Describe the different components of workplace health promotion and how it will benefit their organization.	<p>87.5% of respondents said the workshop increased their knowledge of the components of workplace health promotion</p> <p>100% of respondents said the workshop increased their understanding of how the WHIP pilot will benefit their organization</p>	<p>100% of respondents said the workshop increased their knowledge of the components of workplace health promotion</p> <p>100% of respondents said the workshop increased their understanding of how the WHIP pilot will benefit their organization</p>
Support their organization through the changes that are part of implementing comprehensive workplace health strategies and practices.	75% said the workshop provided information on how they can support their organizations to implement changes to improve workplace health	100% said the workshop provided information on how they can support their organizations to implement changes to improve workplace health
Increase their knowledge regarding workplace health initiatives and strategies.	87.5% of respondents said the workshop increased their knowledge of workplace health initiatives and strategies	100% of respondents said the workshop increased their knowledge of workplace health initiatives and strategies
Understand the WHIP pilot project and how it will help them to proceed with the assessment, planning, action/ implementation strategies and evaluation of their own workplaces.	<p>87.5% of respondents said the workshop increased their understanding of the WHIP pilot</p> <p>87.5% of respondents said the workshop increased their understanding of the expectations of AHS and pilot sites for the WHIP pilot</p> <p>62.5% of respondents said the workshop demonstrated effective processes for assessing, planning and implementing workplace health promotion strategies</p>	<p>100% of respondents said the workshop increased their understanding of the WHIP pilot</p> <p>100% of respondents said the workshop increased their understanding of the expectations of AHS and pilot sites for the WHIP pilot</p> <p>100% of respondents said the workshop demonstrated effective processes for assessing, planning and implementing workplace health promotion strategies</p>
Understand that by improving the health of the employees in their workplace they are helping to improve the health of all Albertans.	100% of the May workshops respondents said the workshop helped them understand the importance of workplace health promotion	100% of the June workshop respondents said the workshop helped them understand the importance of workplace health promotion

